oplication of	or Docke	t N	lum	ber
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09843919

		CLAIMS AS	S FILED - COlumn			ımn 2)		SMALL EN		OR	OTHER SMALL E	
ТО	TAL CLAIMS		61					RATE	FEE		RATE	FEE
FOR		NUMBER F	SER FILED NI		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	·710.00	
то	TAL CHARGEA	BLE CLAIMS	61. min	us 20=	. (. 41		X\$ 9=	369	OR	X\$18=	
IND	EPENDENT CL	AIMS	2- mir	nus 3 =	·	7		X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT		,			+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	•	TOTAL	724	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E		 OR	OTHER SMALL E	
ENTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= :		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***]=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM		ا ا	+135=	. • . •	OR	+270=	
		47 40					•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	ir-	(Column 1)	- -	(Colu	ımn 2)	(Column 3)		ADDII. 1 LL :				2
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER HOUSLY D FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N Q N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***	= 3: 418	= -	1	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	,ENDFM	TCLAIM		┛┃	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
5	a, i spring, and office	(Column 1)			umn 2)	(Column 3)	1		.*		0	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total		Minus	**		=		X\$ 9=	The Control of the	ØR∗	. X\$18≡	
NA NA	Independent	•	Minus	***		<u></u>	-	X40=		OR	X80=	
L		ENTATION OF M	IULTIPLE DE	PENDEN	IT CLAIN	Λ		+135=		OR	+270=>	
If the ptry in column 1 is less than the ptry in column 2, writ "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE Total or received the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE											TO THE STATE OF	